



SANITARY ENGINEERING DEPARTMENT

WATER/SEWER RENTAL PROPERTY OWNERS

All owners of rental property serviced by Miami County Sanitary Engineering Department shall sign an indemnification agreement with our office listing each rental unit owned. Miami County Sanitary Engineering Department will invoice each separately metered rental unit on a continuing monthly basis. No final invoices will be issued for these units and it will be the property owner's responsibility to prorate charges between previous tenant and new tenant upon vacancy.

If any of these service addresses fail to pay their bill prior to the due date, a "Past Due/Shut off Notice" will be sent to the service address and a duplicate sent to the property owner. Failure to pay the past due amount prior to the shut off date, will result in the service address being disconnected from service. Reinstatement of service will be established upon payment in full of all past due charges and any nonpayment fees. Owners who wish to have the service invoiced directly to them will be permitted to do so. Monthly billings will be sent directly to the owner(s) for payment.

Policy effective March 1, 1994. Please contact the Miami County Sanitary Engineering Department for any questions.

INDEMNIFICATION AGREEMENT

Miami County Sanitary Engineering Department
2200 N County Rd 25-A
Troy, Ohio 45373-1342
Phone: 937 440-5654
Fax: 937 335-4208
E-Mail: cs@miamicountysed.com

I (We) the undersigned owner(s) of _____
Service Address

City State Zip

In Miami County, Ohio recognize that water and/or sewer services are furnished to such property by Miami County for the benefit of the CURRENT RESIDENT or any person(s) who succeed then in the future, as tenant(s) of such property. In consideration of Miami County providing such service for my such tenant(s), I (we) agree to indemnify Miami County for any unpaid bills for water and/or sewer service furnished to such property from this time forth so long a I (we) are thereof, and in the event I (we) will notify Miami County of such transfer.

Date

Signature(s)

Account Number(s)	Service Address(s)
_____	_____
_____	_____
_____	_____
_____	_____

Owner Code _____

Landlord/Owner _____

Owner Address _____

Owner Phone #'s (Home) _____ (Cell) _____

Owner E-mail _____